

## Subcontractor - Personal Protective Equipment

|    | YES                      | N/A                      | LOI OBSERVED  |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are employees wearing safety glasses with side shields?   |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Are employees wearing hardhats and wearing them correctly?  |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Are employees wearing sturdy work shoes?  |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Are employees wearing proper clothing (I.e. long pants, shirts with a 4" sleeve, clothing free of holes and tatters)?   |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Are metatarsal guards utilized during jack hammering or compacting soil operations?   |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Is the proper respirator being used where respiratory hazards are present?  |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Are employees wearing hearing protection as required?   |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Are face-shields being utilized when grinding, chipping concrete, or other activities which require face protection?  |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Are employees wearing the correct gloves for the task? (i.e. leather/mechanical work gloves for general tasks, chemical gloves when handling chemicals, etc.) |

Comments:

|  |
|--|
|  |
|  |
|  |
|  |

Contractor: \_\_\_\_\_

P.O. Number: \_\_\_\_\_

Area/Location: \_\_\_\_\_

Project No: \_\_\_\_\_

\_\_\_\_\_  
Print Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date